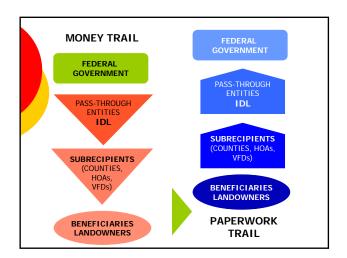
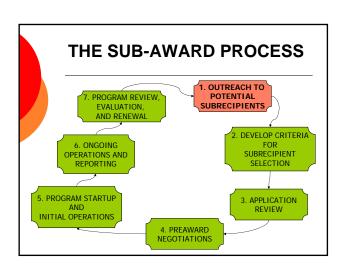
# **FEDERAL GRANTS**

AN OVERVIEW

PEGGY GRISWOLD
FEDERAL GRANT
FINANCE TECHNICIAN
IDAHO DEPARTMENT OF LANDS





	OMB CIRCULARS									
	INSTITUTIONS	ADMIN	COST PRINCIPLES	AUDITS						
	STATE AND LOCAL GOVT. AND TRIBES	AWARDING FEDERAL AGENCY ADMIN. REGS. IMPLEMENTING A-102	A-87	- A-133						
	NONPROFITS		A-122							
	COLLEGES AND UNIVERSITIES	AWARDING FEDERAL AGENCY ADMIN. REGS IMPLEMENTING 2 CFR PART 215	A-21							
	HOSPITALS		45 CFR PART 74 APPENDIX E							
	FOR-PROFITS		48 CFR 31.2	A-133 § .210(e)						

# **OMB CIRCULARS**

o A-87

www.whitehouse.gov/omb/circulars/a87/print/a87.html

o A-122

www.whitehouse.gov/omb/circulars/a122/print/a122.html

o A-133

www.whitehouse.gov/omb/circulars/a133/print/a133.html

o 2 CFR Part 215

www.whitehouse.gov/omb/grants/index.html

# PRE-AWARD DOCUMENTS

- **O APPLICATION**
- **OPROGRAM GUIDELINES**
- o COST-SHARE/MATCH DOCUMENTS
- **ODEVIATIONS**
- **OPRE-AWARD SITE VISIT REPORT**
- PROPOSED BUDGET INFO., WORKSHEETS, AND NARRATIVE
- **OBUDGET REVIEW CHECK LIST**

# **APPLICATION GUIDELINES**

- OBJECTIVES AND NEED FOR ASSISTANCE
- RESULTS OR BENEFITS EXPECTED
- **O APPROACH**
- **O GEOGRAPHIC LOCATION** 
  - INCLUDE LATITUDE AND LONGITUDE

# **COSTS**

- **OALLOWABLE**
- **OUNUSUAL**
- **OPROHIBITED**

# **COST CATEGORIES**

- **ODIRECT LABOR**
- **OTRAVEL**
- O MATERIALS SUPPLIES, OPERATIONAL COSTS, NON-CAPITAL EQUIPMENT
- **OCONTRACTS**
- OMATCH CASH, IN-KIND, CALCULATING MATCH
- VOLUNTEERS

# **NARRATIVES**

- ESTIMATED NUMBER OF UNITS TO BE TREATED
- **O ESTIMATED COST PER UNIT**
- PROPOSED TIMELINE FOR PROJECT IMPLEMENTATION
- EXPLANATION OF COST CALCULATION
- PROBLEMS AND CONCERNS ANTICIPATED
- **O CONTACTS**

# PROJECT BUDGETS

- PERSONNEL
  TRAVEL
  MATERIAL,
  SUPPLIES,
  AND NONCAPITOL
  EQUIPMENT
- CONTRACTS
- o OTHER, MISC.
- o INDIRECT COSTS
- SUBRECIPIENT MATCH

	PRO	POSED PROJECT BU	JDGET	
USE THE FOLLOWIN		UMENT THE PROJECT BUDGET OF BOTH GRANT FUNDS AND I		SHOW THE PLANNED
CATEGORY	DESCRIPTION		GRANT FUNDS	APPLICANT MATCH
*PERSONNEL	TITLE: SALARY/WAGE: PERIOD: TITLE: SALARY/WAGE: PERIOD:	PROJECT COORDINATOR \$19.50 HR. 52 WEEKS	\$4,056.00	
TRAVEL	MODE: LODGING/MEALS:	\$131.75	\$130.00	
CONTRACTS	CONTRACT AMT.:	CONSULTING	\$8,280.00 \$2,340.00	
OTHER	DESCRIPTION: AMOUNT: DESCRIPTION: AMOUNT:	\$84.00	\$195.00	
VOLUNTEERS	WAGE:	PIELD WORKER 200 HRS X \$ 9.25 /HR TOTAL PROJECT  HRS X \$ /HR		\$1,850.00
TOTALS			\$15,000.00	\$1,850.00
ATTACH DOCUMENTA PROJECT.	TION (RESUME, CER	TIFICATIONS, ETC.) FOR ALL S	TAFF THAT WILL BE AS	SOCIATED WITH THIS
EXAMPLE: AWARD: \$15,	000			

# **POST-AWARD DOCUMENTS**

- o AD 1047
- o AD 1049
- o ANNUAL WORK PLANS
- APPEAL DOCUMENT
- AUDIT REPORTS
- BUDGET UPDATES
- CLOSEOUT DOCUMENTS
- CONTRACTSCORRESPONDENCE
- DEVIATIONSDISALLOWANCES
- DOCUMENT RETENTION
- FINANCIAL STATUS REPORTS
- MEMORANDUM OF UNDERSTANDING (MOU)

- PROGRESS REPORTS
- POST-AWARD PROJECT AMENDMENTS
- POSTAWARD SITE VISITATION REPORTS
- RECORD KEEPING
- SF-LLL CERTIFICATION
- REGARDING LOBBYING

   SUBGRANTS/
- AGREEMENTS
- SUBRECIPIENT ASSESSMENT FORM
- W-9
- WORKMAN'S COMP/LIABILITY INSURANCE

	NANCIAL UEST FOR		REPORT URSEMENT					
Federal Grant #: 04-DG-1111-000	IDL Pro	oject #: OMB Referer 2CFR Part 21		#: CFDA# 10.000	Partial Payment Request # #2			
Recipient Organization (Name and Complete Address, including ZIP code); RIVER/VIEW HOMEOWNER'S ASSOCIATION PO BOX 1013 LOWMAN, ID SEXXX								
Employer ID # 123-45-6789	Type of Grant/Project: HAZARDOUS FUEL REDUCTION TREATMENT				Final Report? x yes ::: no			
Total Award: \$15,000.00  Total Recipient Match: \$1,666.78 min		Grant Perio		report: 31/03 From:3/15/0				
Total Project: \$16,666.78  Transactions		To: 6/1/04  I  Previously  Reported		To: 6/1/04 II This Period	III Cumulativ e			
a. Total outlay (expenditures)     b. Recipient's share of outlays		\$11,854.75 \$1,185.48		,937.25 06.52	\$16,792.00			
c. IDL share of outlays (line a minus b)		\$10,669.27 \$4,		,330.73	\$15,000.00			
d. Reimbursement requested				330.73	\$15,000.00			
e. Balance of Grant award (Total award instotal reimbusements)  Attach copies of paid invoices, cancelled check		\$4330.73		ount of evnendi	\$0.00			
reporting period (Line a, Column II).  Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlaws are for the purposes set forth in the award documents.								
Typed or Printed Name and Title:  Telephone: (area code and number)  JANE PRO, CONSULTANT  Telephone: (area code and number)  (208) 555-7766, email: jproconsulting@ail				r)				
Signature:			Date : 6/27/04					

# **PROGRESS REPORTS**

### **OSUBMITTED QUARTERLY**

- PROGRESS ACHIEVED
- DIFFICULTIES ENCOUNTERED
- ACTUAL VS. PROJECTED PROGRESS
- ACTUAL VS. PROJECTED EXPENSES
- ACTUAL EXPENSES VS.
   PROGRAM ACCOMPLISHMENTS

# **TERMS TO UNDERSTAND**

- ALLOWABLE COSTS
- CODES OF CONDUCT/CONFLICT OF INTEREST
- COMPETITION
- **O CONSULTANTS**
- o DIRECT LABOR
  - LABOR AND RATES: WWW.BLS.GOV/OCSOME.HTM WWW.GUIDESTAR.ORG/SERVICES
- **O DIRECT MATERIAL AND SUPPLIES**
- EXTENSIONS
- INDIRECT COSTS
- **O MEETINGS AND CONFERENCES**
- MONITORING
- O TRAVEL

# THANK YOU..... • PEGGY GRISWOLD IDAHO DEPARTMENT OF LANDS 3780 INDUSTRIAL AVE. S. COEUR D'ALENE, ID 83815 208-666-8677 pgriswold@idl.state.id.us